

**Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street Suite 100. Wilmington, DE 19805-4440
 Ph: 1-800-652-3278 • Fax: (302) 577-1042**

Transfer-Certificate of Public Convenience and Necessity Application

Section 1: Type of Operations

Please Note: Prior to submitting this application for transfer, the transferring company should wait until the purchasing company has been approved to receive a Certificate of Public Convenience and Necessity from the Office of Public Carrier Regulation. This office will not approve an applicant who does not meet statutory criteria, even if medallion, vehicle sales, or purchases have transpired.

Filing Fee \$200.00 Docket # (If applicable) Type of Service No. of vehicles Service Territory If Custom, explain	Receipt #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
	<input type="checkbox"/> Sussex County <input type="checkbox"/> Kent County <input type="checkbox"/> New Castle County <input type="checkbox"/> Statewide <input type="checkbox"/> Custom-describe below

Print or Type Only

Section 2: Transferee Information

Ownership Applicant's Name (If Corp., use bus. name) Trading As Mailing Address Location of Records (Not P.O. Box) Contact Name Federal I.D. No. Social Security No. (If applying as Sole Prop.) Business Phone No. Business Fax No. Cell Phone No. E-Mail Address	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)

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Section 5: Operational Information

Year-Round	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Seasonal	From: _____	To: _____
Hours of Operation	From: _____	To: _____

Section 6: Vehicle Information

Please submit copies of the registration cards for vehicles already in possession and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s) and/or letter of intent to purchase the vehicle(s) within 180 days, if approved. Each vehicle registration and insurance card must match the applicant's name. Attach a list if more room is needed.

Year	Make	Model	Vehicle I.D. No. (VIN)	Seating Capacity

Please label as **Attachment B**

Section 7: Proposed Color or Design

Applicants applying for Charter Bus, Taxicab rights must file with DeIDOT a picture or proposal for color scheme, insignia, name, or monogram proposed to be permanently affixed to the vehicle so as to not simulate vehicles of special design or markings operated by other carriers within the same local area.

Attached Does Not Apply

Please label as **Attachment C**

Section 8: Driver Information

Please include a copy of each individual's driver's license and driving record from the current State of residence. Attach a list if more room is needed.

First Name	Last Name	SSN	Date of Birth	Driver License No. State Issued

Please label as **Attachment D**

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Section 9: Financial Fitness Requirement

Financial Fitness Requirement

Company must prove financial fitness by providing one of the following:

- Attached A letter of intent for General Liability coverage in the amount of \$1,000,000 from a qualified insurance company with the Office of Public Carrier Regulation listed as a Certificate Holder
- Attached A letter of intent to obtain a bond in the amount of \$100,000 from a qualified surety company and notarized with the Office of Public Carrier Regulation listed as the third-party recipient
- Attached Documentation of any nature which the Public Carrier presents as evidence of meeting the financial ability provision. This documentation is subject to review by the Office of Public Carrier Regulation and legal counsel of the Delaware Department of Transportation.

Please label as **Attachment E**

Section 10: Auto Liability Insurance

The proposed operations, by the applicant, must be covered by and with a public liability and property damage policy issued by a insurance company licensed to conduct business in the State of Delaware.

- | | | |
|-------------------------------------|--|-----------|
| <input type="checkbox"/> Taxi | Minimum Coverage - Bodily injury or death per person, per accident | \$25,000 |
| | Minimum Coverage - Per accident for property damage | \$10,000 |
| | Minimum Coverage - Personal Injury Protection per accident | \$30,000 |
| <input type="checkbox"/> All Others | Minimum Coverage - Bodily injury or death per person, per accident | \$100,000 |
| | Minimum Coverage - Per accident for property damage | \$50,000 |
| | Minimum Coverage - Personal Injury Protection per accident | \$30,000 |

Please label as **Attachment F**

Section 11: Background Check

All business owners, officers, directors, members and managers must provide a Federal Bureau of Investigation and a State Bureau of Investigation criminal history background check to verify that they are clear of any disqualifying crime

Please label as **Attachment G**

Section 12: Rates

Please provide a listing of the proposed rates to be charged to customers. This document must be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. Once established the rates cannot be changed, unless a formal request is received by this office. In addition, only vehicles equipped with a taximeter can utilize a per mile rate.

Please label as **Attachment H**

Section 13: Proposed Operations

A complete business plan must be submitted explaining what type of operations will be offered to the public to show that the proposed operations will serve a useful public purpose, a useful public necessity and a useful public convenience responsive to public demand (2 Del. C. c. §1802(e)(1)). Complete the supplemental questionnaire and attach as attachment I.

Please label as **Attachment I**

Section 14: Trip Log

All drivers shall keep a daily log of all trips on a printed form to be supplied by the company. The logs shall be retained by the company for a minimum of four years. These daily forms shall show, for each trip, the registrant's name, the date, the origin, destination, time leaving origin, time arriving at destination, distance traveled, number of passengers, routes of travel, beginning and ending odometer reading for trip, amount of fare and vehicle identification number. Please see worksheet labeled SAMPLE TRIP LOG for ideas or utilization of form.

Please label as **Attachment J**

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Section 15: Maintenance Log

Each applicant shall make a complete inspection of each motor vehicle at least once each week for mechanical and structural defects and all necessary repairs shall be made before the motor vehicle is returned to service. These weekly forms shall show date of inspection, vehicle identification number, lubrication record and adjustments, and signed by the person making such inspections. Please see worksheet labeled SAMPLE MAINTENANCE LOG for ideas or utilization of form.

Please label as **Attachment K**

Section 16: Fixed Route

Please provide a map showing proposed routes and schedules.

Please label as **Attachment L**

Section 17: Certified Filing of Application

Have all persons employed by/involvement with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes No

Sign a copy of PC-16 Record Keeping Certification and label as **Attachment M**

Section 18: Sale Agreement

Please provide a copy of the sale agreement entered into with the transferor for the purposes of transferring existing Certificates of Public Convenience and Necessity to the new applicant. The sale agreement must include a complete description of the assets and liabilities being purchased by the applicant as well as any recourse that the seller may have as a result of default of payment by the applicant. Document must be signed by both parties and notarized.

Please label as **Attachment N**

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I, certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Signature of Transferee or Authorized Representative

Date

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For Office Use Only

Reviewer: _____ Date: _____

Approved for Intervention: Yes No

Yes Intervention Ends: _____ Intervention Received: Yes No

If No Intervention Received:

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Complete this section if intervention is received by another carrier:

Hearing Date: _____

Hearing Officer Signature: _____

Approval: Yes No Date: _____

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Approved Docket Number Issued: _____

Date Certificate Issued: _____